ried (77.9%), had college/graduate degrees (59.5%), and had income >$75,000 (58.7%). The mean HAQ scores was 0.48+0.55 with 79.2% (n=137) having HAQ < 1, 18.5% (n=37) between 1-2, and 2.3% (n=4) > 2. 60.3% (n=105) employed patients reported high knowledge and high motivation while only 7.5% (n=13) reported low knowledge and low motivation on MMS. Most employed respondents (90.4%, n=150) did not miss work due to RA with mean hours lost in the last seven days reported as 1.04+5.18 (0-40hrs). 54.4% (n=93) reported working more than 40 hours over the past seven days. Employed patients reported mean score of 1.8+2.2 for work impairment and 2.27+ 2.35 daily activities impairment due to their RA (measured on a scale of 0-10 where 0 was no problem and 10 was major problem). **CONCLUSIONS:** Within the employed population, RA seems to have little effect on absenteeism, work productivity and daily activities. High motivation and knowledge (adherence) and low disease severity maybe significantly and independently contributing to a favorable patient-perceived work productivity.

PMS63

RELATIONSHIP BETWEEN MEDICATION ADHERENCE, DISEASE SEVERITY AND EMPLOYMENT STATUS IN RHEUMATOID ARTHRITIS

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OBJECTIVES: To evaluate the relationship between medication adherence, disease severity and employment status in patients with rheumatoid arthritis **METHODS:** A list of 3000 patients (18-65 years) were identified from a Specialty Pharmacy database. 1,041 patients with a diagnosis of rheumatoid arthritis (RA) were identified from the list and were invited to participate in a survey. The patients were mailed a cover letter, consent letter, and a demographic questionnaire. Additionally, the Work Productivity and Activity Impairment (WPAI) questionnaire (assess productivity losses), Health Assessment Questionnaire (HAQ; disease severity), Modified Morisky Scale (MMS; medication adherence) were administered. Survey responses were linked to clinical measures obtained from the specialty pharmacy database. Descriptive and logistic regression analyses were conducted using employment status as an outcome variable and HAQ, adherence, and demographics as input variables. The statistical analyses were conducted using SPSS version 22.0. **RESULTS:** The response rate was 30.45% (n=317). Based on WPAI results, 57.4% (n=174) identified themselves as being employed. Differences in mean age and mean HAQ scores of employed (54.09 years; 0.48) and unemployed (64.13 years; 0.96) were statistically significant ($p<0.001$) while there was no difference in the disease duration ($p=0.494$). 47.3% of unemployed and 21.8% employed had HAQ scores greater than 1. There was a statistically significant difference in employed vs. unemployed ($p<0.001$) across disease severity based on HAQ. While there was no difference in the level of knowledge ($p=0.187$), there was a statistically significant difference ($p<0.001$) in the level of motivation between employed (63.5% high motivation) and unemployed (82% high motivation) respondents. **CONCLUSIONS:** Study results showed that employed patients, while having similar disease duration and level of knowledge, reported lower motivation on the MMS adherence scale. Although these patients had less severe RA compared to unemployed, this could act as a potential barrier to chronic treatment management and needs to be assessed in clinical practice.

PMS64

EVALUATION OF DISEASE ACTIVITY IN PATIENTS DIAGNOSED WITH RHEUMATOID ARTHRITIS: HOW OFTEN AND TO WHAT DETAIL ARE ASSESSMENTS DOCUMENTED?

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OBJECTIVES: The ultimate goals in managing Rheumatoid Arthritis (RA) are preventing or controlling joint damage, preventing loss of function and decreasing pain. Assessment of disease activity is critical; therefore, guidelines recommend that physicians evaluate patients' symptoms and severity. The objective of this study was to examine how often evaluation of disease activity and damage in patients with RA was documented by physicians during office visits. **METHODS:** We extracted 300 records for RA patients from a unique database of physician-patient interactions (RealHealthData). Using Atlas.ti, we analyzed these records to evaluate how often the recommended assessments of disease activity was documented by physicians during office visits. **RESULTS:** Almost all physicians (92%) document the presence of actively inflamed joints (i.e., tender and swollen joint counts) and evidence of disease progression (i.e., loss of motion, deformity). However, only 28% and 18% document duration of morning stiffness and fatigue respectively. And while limitation of function is explored, only 11% documented the degree of joint pain via a visual analog scale. Lastly, it was rare for physicians to document their own global assessment of disease activity (5%) or the patient's global assessment of disease activity (8%). **CONCLUSIONS:** The more we know about patients' reported symptoms and outcomes, the more we can actively plan and organize research, development and outreach that is patient-centric and clinically meaningful. Successful treatment includes systematic and regular evaluation of disease activity and patient assessments to help limit joint damage and functional loss. While many physicians are documenting the number of tender and swollen joints, loss of motion or deformity, a majority of physicians are not documenting patient-reported symptoms that are critical to disease monitoring such as morning stiffness, fatigue or overall degree of joint pain. Our results demonstrate there is room for improvement when it comes to documenting patient-reported outcomes in RA.

PMS65

FUNCTIONAL STATUS AMONG PATIENTS WITH RHEUMATIC DISEASES IN THE SLOVAK REPUBLIC

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OBJECTIVES: The aim of this study was to investigate the impact of chronic autoimmune diseases, mainly rheumatoid arthritis (RA), on functional status among patients in Slovakia. **METHODS:** Patients were prospectively recruited in the National Institute for Rheumatic Diseases in Slovakia during 2014 and data from patients on disease impact on their life were collected from physicians through a specifically designed questionnaire. Functional status and disability assessments were conducted among patients with RA using the Stanford Health Assessment Questionnaire (HAQ). **RESULTS:** The sample (100 respondents) was predominantly female (82%) with diagnosis of RA (86%). The average age was 51 with 14-year duration of the disease average. Thirty-eight percent of patients had osteoporosis, 21% a cardiovascular disease and 29% patients underwent surgery due to autoimmune diseases – 3 times on average. The most common symptom, occurring more than once a week, was fatigue. Patients reported also reduced physical activity, pain and specifically joint pain. Manifestations of the disease were on average at a mild intensity. Full work disability was more common (37%) than partial work disability (29%) in the sample. HAQ final score ranged from 0 (no disability) to 3 (severe disability) with average HAQ score 1.35 (SD=0.59). Majority of patients reported some or much difficulty in all HAQ domains and the highest disability was found for the domains of reach (score 1.59) and grip (1.54). HAQ score is increasing with the disease duration: average HAQ score in patients with RA lasting less than 10 years was significantly lower (1.17) than in patients with the disease duration of 20 years and more (1.61). **CONCLUSIONS:** Results indicate that chronic autoimmune diseases, mainly rheumatoid arthritis (RA), have negative impact on activities of daily living and the most commonly reported symptoms are fatigue and pain. Functional status is worsening with the duration of the disease.

PMS66

SOCIO-ECONOMIC STATUS AND WORK DISABILITY AMONG PATIENTS WITH RHEUMATIC DISEASES IN THE SLOVAK REPUBLIC

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OBJECTIVES: The aim of this study was to investigate the socio-economic impact of chronic autoimmune diseases, mainly rheumatoid arthritis (RA) and work disabilities, among patients in Slovakia. **METHODS:** Patients were prospectively recruited in the National Institute for Rheumatic Diseases in Slovakia during the year 2014 and the data from patients on disease impact on their life were collected by consulting physicians through a specifically designed questionnaire. **RESULTS:** The sample (100 respondents) was predominantly female (82%) with diagnosis of RA (86%). As many as 66% of the patients became permanently work disabled at the average age of 42 years, with full work disability being more common (37%) than partial work disability (29%). The occurrence of sick leave in the past 12 months among patients with a job was 48% with an average length of 30 days. Twenty-three percent of respondents had to change their jobs due to the disease. Average personal expenses connected with the treatment in the last 3 months were 74 €, out of that the highest were their costs of traveling. 74% of respondents stated restrictive (52%) or very restrictive (22%) impact of the disease on their functioning, mostly in strenuous activities or sport. Three most frequently reported areas negatively affected by the disease were: social activities (reported by 63% responders), professional career (49%) and quality of a relationship with their partner (28%). Areas that have improved in comparison with the period when patients started their treatment were: communication with healthcare personnel and more effective therapies available. The support from patient organizations wasn't perceived as significant. **CONCLUSIONS:** The occurrence of permanent work disability and sick leave was substantial in the sample. This study in patients with autoimmune chronic conditions - mainly RA, showed significant impact of the disease on work capabilities and socio-economic status.

PMS67

PREFERENCES FOR NEW TREATMENTS DIMINISH IN THE FACE OF AMBIGUITY

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OBJECTIVES: Using an example of a new drug for rheumatoid arthritis which offers comparable effectiveness and side-effect point estimates to older drugs, we explore preferences for treatments labelled 'new'. We then examine the persistence of preferences once ambiguity in the evidence base due to it being new is introduced. **METHODS:** A representative Canadian population sample (n=2837) was randomized to one of three discrete choice experiment (DCE) designs, seeking choices between hypothetical treatments for rheumatoid arthritis with different levels of 7 attributes: route and frequency of administration, chance of benefit, serious and minor side-effects, life expectancy, and uncertainty in benefit and side-effect estimates. DCEs differed in whether the treatment was 1) described as new (recently available) or older (5 or 10 years), 2) whether a qualitative description describing the confidence in the evidence was included instead, or 3) both the length of time available and confidence in evidence was provided. We collected self-reports of respondent innovativeness, numeracy, and risk attitude. **RESULTS:** Overall, all 6 consistent attributes influenced preferences for treatment. A preference for less ambiguity (more confidence) in benefit and side-effect estimates was observed, but no preference for a treatment labelled 'new' or 'old'. Early adopters (n=173) had a significant preference for 'newer' treatments relative to old treatments (B=0.157, p=0.045). The magnitude of preference for new treatments was comparable with preferences for reducing the risks of serious side-effects in this group. When the newness of the drug was combined with ambiguity in the evidence base, these preferences for 'new' treatments diminished. **CONCLUSIONS:** Preferences for innovation in health care exist for some groups of people, but when presented with the implications of new treatments (increased ambiguity in evidence), these preferences diminished. Physicians should either avoid describing whether treatments are 'new', or qualify the implications of a 'new' treatment in terms of ambiguity in estimates of risks and benefits.